## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 645448

1. Entity Name

HORN MARINE CORPORATION



## FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90334 015 \*\*\*150.00

Principal Place of Business 601 PINE DRIVE #104 POMPANO BEACH FL 33060-7223			Mailing Address 601 PINE DRIVE #104 POMPANO 8EACH FL 33060-7223			118148	MINI NJOSE AMILE GLAM DING	I 1811 81811 81811 1	1811 61811 81	1811 B1911 1881	
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2. Principal Place of Business 7/1 S.E. 7 <sup>TH</sup> AVE.			3. Mailing Address 7/1 S.E. 7 <sup>TH</sup> AVE.			EBUIIO B	<u> </u>	1814   11811   <b>3</b> 1817	PANI BIBIN BI	·BII BIB4F (#8#	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
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3 304	i	Country U.S.A.	Zip 33060-955 2	Country U.S.A.		5. Certificate	of Status Desired		.75 Add	ditional	
	6. Name a	nd Address of Curren				7. Name and	Address of New Re				
DOOMOTE			<del>ne de</del> la calabande de la marke	Name	Name						
BOOKSTEIN, MERRILL A 2404 N.E. NINTH STREET				Street	Street Address (P.O. Box Number is Not Acceptable)						
FORT LAUDERDALE FL 33304											
				City		3.7		FL	Zip Cod	e	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00											
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							ction Campaign Fina et Fund Contribution.	~		May Be I to Fees	
10.	* 6	OFFICERS AND	D DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFFIC	CERS AND DI	RECTORS	3 IN 11	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-03

954-946-0221

Daytime Phone #